



Scarborough Education Committee

SCHOOL MEDICAL SERVICE

Report and Statistics
for 1934

STANLEY FOX LINTON, T.D., M.D., M.Sc., D.P.H.

School Medical Officer

ANNE M. ROXBURGH, M.B., Ch.B., D.P.H.

Assistant School Medical Officer



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Town Hall,

Scarborough,

20th March, 1935.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I beg to present to you the Annual Report drawn up by Dr. Roxburgh on the work of the School Medical Service during 1934.

The Milk Marketing Board's Milk in Schools Scheme, which reduced the price from a penny to a halfpenny per third of a pint came into operation towards the end of the year; it has resulted in a very great increase in the number of children taking milk in the schools.

Last year I reported to you that five of the schools had milk clubs and that the total consumption was about 600 bottles daily. During the week ended March 8th, 1935, the average number of bottles supplied daily was 3,608, a sixfold increase; as the number of children on the register is 4,847, it appears that three children out of four are taking the milk. The figure given includes three hundred children supplied free by the Education Committee, and 37 by the Public Assistance Committee. The selection of children to receive free milk at the cost of the Education Committee is made by the school doctors with the invaluable help of the head teachers.

The milk supplied last year was "Certified." "Pasteurised" milk is now being supplied, as neither "Certified" nor "Grade A (T.T.)" milk comes under the Milk Marketing Board's Scheme.

At the beginning of December Dr. Roxburgh resigned her position as Assistant School Medical Officer, and that resignation has now taken effect. During the ten years she has held this appointment Dr. Roxburgh has done her work so well, and her relations with colleagues, teachers and children have invariably been so entirely happy that her loss will be very greatly felt by all of us.

I am,

Your obedient Servant,

S. FOX LINTON,

School Medical Officer and
Medical Officer of Health.

REPORT

*on the Medical Inspection of School Children and the work
of the School Clinic during 1934.*

STAFF :

School Medical Officer : Stanley Fox Linton, T.D., M.D., M.Sc., D.P.H.

Assistant School Medical Officer : Anne M. Roxburgh, M.B., Ch.B., D.P.H.

School Dental Officer : D. Bewes Atkinson, L.D.S., R.C.S.Eng.

School Nurses : R. E. Parker, S.R.N.; M. K. Jones, S.R.N.

Part Time Assistant School Nurse : A. Chambers, V.A.D.

CO-ORDINATION.

(a) INFANT AND CHILD WELFARE.

This work is carried on at the premises of the School Clinic in King Street, where two Sessions are held weekly on Monday and Thursday afternoons, and also at Seamer Road, where a Clinic is held every Wednesday. The School Medical Inspector attends to see and advise mothers of infants and children not yet of school age.

The Centre at King Street is also used as a shop for the sale of food, etc., on these afternoons and on Saturday mornings. The Clinics have been well attended. The total number of attendances made was 7,028 as against 8,433 in 1933. The average number attending on these afternoons was 48.11 at King Street and 50.75 at Seamer Road.

The Health Visitors have the voluntary assistance of several ladies at the Infant Clinics, and their help is greatly appreciated. The names of these ladies are :—

Mrs. Harland.

Mrs. Sternberg.

Mrs. Jeffrey.

Miss Walker.

Miss G. Richardson.

Miss Turnbull.

Miss Newsome.

Miss Aske.

Miss F. Richardson.

Miss Millington.

Miss Glover.

Miss Hill.

Miss Freda Richardson.

Miss Brewer.

Miss Robinson.

As in former years, Miss Augusta Tindall, with several other voluntary workers, has kindly supplied the Centre with cotton-wool jackets (from material provided), and these have been of great service in the treatment of marasmic and ailing babies.

(c) CARE OF DEBILITATED CHILDREN UNDER SCHOOL AGE.

Most of these children come under the observation of the Health Visitors or School Nurses during their ordinary visiting work, and mothers are encouraged to continue bringing their children to the Infant Clinic up to school age, when they are transferred to the School Medical Service. As records are kept of all cases, and as both organisations are under the direction of the Medical Officer of Health, who is also School Medical Officer, continuity of the work is maintained.

SCHOOL HYGIENE.

In addition to the improvements recorded in previous reports the following improvements and alterations have been made :—

CENTRAL COUNCIL SCHOOL—

Senior Girls' Department :

Heatrite System installed.

Infants' Department :

Gallery removed—floor reboarded and hot water pipes lowered in Room 1.

Heatrite System installed.

FALSGRAVE COUNCIL SCHOOL—

Senior Girls' Department :

New playground constructed.

Junior Mixed Department :

New basins in cloakroom.

GLADSTONE ROAD COUNCIL SCHOOL—

Junior Mixed department :

Provision of Lidford Boiler in the South Cloakroom for the supply of hot water.

MEDICAL INSPECTION.

The age groups examined are the same as in previous years.

The numbers in each group examined at Routine Medical Inspections in 1933 and 1934 are as follows :—

	1933.	1934.
Entrants	605	512
Special Entrants (new-comers to town)	101	107
Intermediates (aged 8)	596	602
Leavers	309	491



In addition to these routine inspections, 310 children were medically examined as "Specials". These children are seen in the schools, or are sent to the School Clinic by the teachers, parents or nurses for some particular defect or illness; 187 of these children were subsequently re-examined.

Further special examinations during the year were as follow :--

For Graham Sea Training School 32.

The examinations for employment of school children under the Bye-laws are referred to elsewhere in the Report.

FINDINGS OF MEDICAL INSPECTIONS AND MEANS AVAILABLE FOR TREATMENT OF DEFECTS.

MALNUTRITION.

One hundred and thirty-five children were found to suffer from malnutrition. Some of these children came from good homes and the condition was due to gastro-intestinal defect and not to any scarcity of food. In the remainder, where the malnutrition was due to lack of proper food, these children were supplied with extra nourishment through voluntary agencies.

UNCLEANLINESS.

Seventy-six children at the Routine Medical Inspections and Special Inspections were found to be in an unclean condition of the head or body.

The standard of cleanliness demanded is very high, and any child showing even one or two nits in the head, although from definite knowledge of the child this condition is known to be temporary, is recorded as a case of uncleanliness.

A larger proportion of cases is always detected during the School Nurses' visits, as apart from the Routine Medical Inspection.

Table IV. shows the number of these cases. In a total of 714 only 26 children were cleansed under the Authority's scheme, which indicates that the majority of the cases were of a mild degree.

There were 22 cases of scabies during the year.

MINOR AILMENTS AND DISEASES OF THE SKIN.

Arrangements made for the treatment of these conditions remain the same as in previous years.

During the year there were 4 cases of ringworm of the body and 5 cases of Ringworm of the scalp. The former are easily cured and do not necessitate long absence from school, while for the latter we have an efficient method of treatment in X-rays.

IMPETIGO.

This is one of the most common of skin diseases, and 237 cases were treated at the Clinic during the year. These children are frequently found to be below par, and require general as well as local treatment. The disease is, fortunately, easily cured, and even in severe cases does not necessitate absence from school for any length of time.

VISUAL DEFECTS AND EXTERNAL EYE DISEASE.

Group I., Table IV., shows that 72 children received treatment for minor eye conditions. The majority of these cases were treated for Blepharitis, Conjunctivitis and Styes. These conditions are often associated with general debility, and general as well as local treatment is required.

Group II., Table IV., shows that 168 children were referred for refraction on account of defective vision. In the majority of these cases the defect was noted at the Routine Medical Inspection. The others were sent to the Eye Clinic by the parents or teachers. In 6 cases the parents refused treatment. Sixteen children were examined as to the suitability of present spectacles; no change was made. Twelve were treated apart from the Authority's scheme. Of the remaining 134 children, spectacles were prescribed for 108. In 26 children the defect was very slight, and these were put on the observation list.

Of the 108 children for whom spectacles were prescribed at the Eye Clinic, the errors of refraction were classified as follows:—

Hypermetropia	...	...	...	...	...	33
Hypermetropic Astigmatism	...	...	...	...	...	39
Myopia	...	...	...	...	...	17
Myopic Astigmatism	...	...	...	...	...	13
Mixed Astigmatism	...	...	...	...	...	6

Spectacles are not provided by the Local Education Authority, but by the parents, except in cases of poverty, when the spectacles are provided by the Scarborough Amicable Society and the cost recovered from the Local Education Authority at the end of the year. During the year this Society has spent £25 9s. The money is refunded in small weekly payments by the parents where possible.

During the year 27 school children were treated at the local Hospital by Dr. Ellison, ophthalmic surgeon. Six children had successful operations for squint. The other conditions treated included—corneal ulcer, meibomian cyst, interstitial keratitis, coloboma of iris, dermoid cyst, hypopyon ulcer.

Table III. shows that there are five children suitable for training in a class for the partially blind. These children are kept under observation and the work at school modified to suit each.

One girl is at present in a certified school for the blind.

In addition to above, 494 children, aged 11 years, were examined, and of this number 105, or 21 per cent. were found to have defective vision. Thirty-seven had already received treatment. In 34 cases the defect was slight and these were put on the observation list. Of the remaining 34 who were found to require treatment, some have already received this at the School Clinic, and the others will be sent for in the near future.

NOSE AND THROAT DEFECTS.

Table IV., Group III., deals with these defects.

A total of 140 children received treatment for defects of nose and throat. Nine parents refused treatment, the treatment in each case being operation.

It was laid down by the Ministry of Health Inspector during her last visit that operations for tonsils and adenoids should be recommended only in cases where the condition was likely to give rise to serious defect, and that in others conservative treatment should be given a fair trial. We had already adopted this plan, as was explained in the 1932 report, and it will be seen from Table IV. of the present report that this method is being continued. Including the 9 refusals, 31 children were referred for operation under our Authority's scheme, whereas 62 operations were done at the instance of private practitioners or the local Hospital.

EAR DISEASE AND DEFECTIVE HEARING.

Seventy-eight children received treatment at the Clinic for ear conditions. The more serious cases were sent on to see a surgeon at the local Hospital, and 14 children were treated there during the year.

DENTAL DEFECTS.

As a result of medical inspection and special inspection, 132 children were referred to the Dental Clinic for treatment. These children were suffering from carious teeth to such an extent as to demand immediate attention.

Mr. D. Bewes Atkinson, the Dental Surgeon, has kindly written the following Report on his work among the school children :—

DENTAL REPORT.

“ During the past year the following question has been repeatedly asked : ‘ What can I do to improve my children’s teeth ? ’

“ It should be remembered that a child of four years has all the crowns of the permanent teeth formed and calcified, although not visible.

“ From the dental inspections it is found that the children who have and keep good sound teeth invariably have regular hours of adequate sleep, exercise and food. These are the primary essentials for sound teeth, together with regular cleaning at bedtime and no sweets or biscuits afterwards.

“ Mothers continue to ask advice on overcrowded or crooked teeth, and these irregularities are mostly treated by extraction. When extractions are necessary the child invariably asks for gas, showing appreciation of, and confidence in, this service.

“ When applying for positions, the importance of regular and well-formed teeth is appreciated by the older girls, who make many visits for fillings in their last school year.

As the enamel of the permanent teeth is formed seven months before birth, the mother who follows ante-natal advice can ensure an adequate

supply of Vitamins A. and D., together with calcium and phosphorus, to form good enamel."

D. BEWES ATKINSON,
School Dental Surgeon.

ORTHOPÆDIC AND POSTURAL DEFECTS.

Institutional treatment required for these defects is obtained at the Orthopædic Hospital, Kirbymoorside, and during the year 8 children were admitted. Apart from providing treatment, this Institution also provides educational facilities. A massage sister attached to the Orthopædic hospital visits Scarborough one day a week to supervise remedial exercises. Previously she came one afternoon a week, but the work of this department has increased and now she gives a full day every Friday.

As will be seen from Group IV., Table IV., 65 children attended this weekly clinic.

Dr. Crockatt, the orthopædic surgeon, holds a Clinic once a month, and sees all new cases and keeps all others under supervision. The School Nurse attends these latter Clinics and is able to explain special circumstances to Dr. Crockatt, and also to inform the School Medical Officer of the treatment to be carried out. One hundred and twelve children were in attendance during the year.

HEART DISEASE AND RHEUMATISM.

Table III, Section D., shows that one child was discovered suffering from heart disease so severe that he was unable to attend school.

TUBERCULOSIS.

There were 10 cases of pulmonary tuberculosis; 9 of these were, or are, in a sanatorium and 1 is at no school or institution. One child suffering from tuberculosis of the spine is receiving residential treatment with education. One child suffering from tuberculosis of the kidneys died during 1934. One child with a tuberculous ankle (which is in a plaster case) is at present attending an elementary school, but will be admitted to the orthopædic hospital as soon as a bed is vacant.

During the summer an open-air ward at the local Sanatorium is available for cases of non-infectious tuberculosis and for pre-tubercular children. During the year 8 boys and 4 girls were admitted to this ward.

FOLLOWING UP

Arrangements made for this part of the work were given in the 1932 report and remain the same.

The following Table shows the visits of the Nurses to the homes, the cause of such visits, and, in addition, the number of visits made by them to the schools :—

Visits the result of Medical Inspections in the Schools.	No. of visits made.	Visits due to suspected infectious or contagious diseases.	No. of visits made.
Uncleanliness	19	Scarlet Fever	—
Defects of nose and throat	26	Measles	254
Defects of vision	14	Whooping Cough	31
External eye disease	1	Chicken-pox	66
External ear disease	1	Mumps	4
Nervous diseases	2	Scabies	—
Heart disease	1	Ringworm	1
Tuberculosis	2	Impetigo	—
Other Causes	28	Diphtheria	1
		Other Causes	22
	94		379

The number of visits paid by Nurses to the Schools (not including visits for the detection of uncleanliness) ...	341
Visits for detection of uncleanliness	57
Visits to children's homes in connection with the work of the Dental Clinic	650
Total	1048

ARRANGEMENTS FOR TREATMENT.

Treatment at the School Clinic is confined to minor ailments. Cases of more serious disease or defect are transferred to a private practitioner or to the local Hospital.

The premises in King Street are in use as in former years.

The attendances at the general clinic include the 310 children shown as "Specials" in Table Ib., and the re-examinations shown in the same Table.

The number of cases actually treated by the School Nurses under the supervision of the Medical Officer, and the number of attendances made, are as follow :—

1934.	No. of Children.	RESULT.		No. of attend- ances made.
		Recovered.	Still Attending.	
Impetigo	237	230	7	1349
Ringworm	9	9	—	54
Scabies	22	22	—	90
Ear Disease	78	72	6	398
Eye Disease	72	70	2	277
Uncleanliness	26	26	—	138
Abscesses, Boils, &c.	89	89	—	346
Eczema and Seborrhœa	75	75	—	390
Minor Ailments	516	516	—	1646
Total	1124			4668

The new Hinderwell School opened in October, 1932, is nearly two miles distant from the School Clinic in King Street, and it was felt that this was

too far for the children to travel for the treatment of minor ailments. A Minor Ailments Clinic was therefore established in the School, and is held twice weekly by the School Nurse.

INFECTIOUS DISEASES.

Existing arrangements for the detection of and the prevention of the spread of infectious diseases are the same as those reported in 1932. No school was closed during the year on account of infectious disease.

There was an epidemic of measles at the beginning of the year. The figures are given in the Table below.

Sixty-four children were notified as suffering from diphtheria and there were two deaths.

Immunisation against diphtheria was started in 1933, and as a result of the reported increased virulence of this disease throughout the country many parents have availed themselves of the facilities of free immunisation at the clinic, and 150 children have been immunised during 1934.

Eleven children were excluded from school at the routine medical inspection. Of these, three were excluded for infectious or contagious disease.

Of the children seen at the clinic, 235 were excluded, 41 of these being on account of infectious or contagious disease.

The Table given herewith shows the prevalence of common infectious diseases amongst school children. For purposes of comparison, figures are given for the last three years :—

Year	Scarlet Fever.			Enteric Fever.			Diphtheria.			Smallpox.			Measles.			Whooping Cough.		Chicken Pox.		Mumps.	
	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Deaths	Boys	Girls	Boys	Girls	Boys	Girls
1932	10	13	—	—	—	—	6	8	2	—	—	—	28	28	—	38	55	27	32	286	339
1933	17	17	—	—	—	—	33	32	9	—	—	—	1	1	—	6	6	55	44	4	21
1934	14	16	1	—	—	—	37	27	2	—	—	—	142	119	2	14	12	24	30	13	10

OPEN AIR EDUCATION AND PHYSICAL TRAINING.

There is no open-air school in Scarborough. A special course of instruction was given to teachers in the area during 1934 on the more modern methods of physical training.

PROVISION OF MEALS.

No free meals are provided.

Milk clubs have been started in all the elementary schools, and during December arrangements were made whereby all children requiring milk but unable

to afford it were supplied free, the cost being borne by the local Education Committee. As this service has only just been started, and is not yet in full working order, it is impossible to state the number of children receiving free milk.

We are again greatly indebted to Miss Knowles, Miss Wake, and the pupils of the Scarborough Girls' High School for their kindness in providing us with clothing for needy school children.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICER, AND VOLUNTARY BODIES.

Parents are invited to be present at the Routine Medical Inspection, and the response to this is satisfactory. The following table gives the percentage of the parents present.

Age Group.						1934.
Entrants	...	...	...	...	...	77.53
Special Entrants (over 7)	...	...	...	...	...	37.38
Intermediates	...	...	...	...	...	64.45
Leavers	...	...	...	...	...	17.71

The co-operation of the head teachers has been most valuable in carrying out the work of medical inspection, detection and treatment of defects, and in advice given to the parents. The teachers are informed of defects found in cases where supervision at school is necessary.

With regard to the co-operation of voluntary bodies, the National Society for the Prevention of Cruelty to Children may be notified in cases of uncleanness, neglect, insufficient clothing, or unsatisfactory home conditions.

Inspector Hollins, whose report is given below, has been of great help to the School Medical Service during the year. As will be seen from his report, a visit or advice from the Inspector is generally followed by satisfactory results.

"There were 92 cases in Scarborough enquired into, affecting the welfare of 202 children (96 boys and 106 girls), involving 136 offenders or persons advised (61 males and 75 females); 8 of the cases were due to drink, involving 8 males and 1 female. Of the above 15 were illegitimate and 187 legitimate. Six of the children were not related to the offenders, 3 of these being at nurse. One hundred and forty-seven were known to be insured.

Classification of cases :—

Neglect and starvation	...	...	...	...	38
Advice sought	...	...	...	...	24
Ill-treatment	...	...	...	...	16
Other wrongs	...	...	...	...	9
Exposure	...	...	...	...	4
Abandonment	...	...	...	...	1
Total					92

These were dealt with as follows :—

Warned by Officer	...	...	...	...	68
Advised and helped	...	...	...	...	24

Two female children had to be taken before the Juvenile Court, needing care and protection, suitable homes being found for both. In order to watch progress and to avoid against relapse, the Inspector paid 450 supervisory visits to the homes of these families."

The Council of Social Welfare has provided milk and codliver oil in cases of malnutrition on the recommendation of the School Medical Officer. This Society also provides voluntary help for the running of the Orthopædic Clinic.

In addition to the help already mentioned, the Scarborough Amicable Society spent £78 1s. 7d. on clothing and boots during the year.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

Table III. deals with this class of child, and these children are brought to the notice of the School Medical Officer by Health Visitors, School Nurses or the Attendance Officer visiting the homes. The Public Assistance Committee also reports cases under its care. Children with these defects who are able to attend school are notified by the teachers or are found during the Routine Medical Inspection. In this way most of the cases are brought to light.

Twenty-two mentally defective children are in attendance at the Special Class in Seamer Road. These children are "incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in special schools for mentally defective children."

In addition to the above, 4 children who have been notified to the local authority under the Mental Deficiency Act are in attendance at the "Special Class."

No arrangements exist for co-operation with any branch of the Central Association of Mental Welfare.

Apart from this class the Authority has no "Special" School.

No arrangements are made for the higher education of blind, deaf, defective and epileptic students.

NURSERY SCHOOL.

There is one Nursery School in connection with the Friarage Elementary School. The numbers for this School are as follows:—

Total number on the Register	...	...	...	72
New Admissions	...	...	...	20 boys, 20 girls.
Transferred to other schools	...	...	...	15 boys, 12 girls.

In connection with this school, arrangements have now been made for a full Medical Inspection every term, and for "Follow-up" Inspections at monthly intervals. There is also a Monthly Inspection for the detection of uncleanness.

The children in this class are supplied with codliver oil and malt twice daily during the winter months and milk (for which the parents pay) every morning.

Number of Routine Inspections	...	...	...	6
"Follow-up" Inspections	...	...	...	3
Total number of children examined	...	...	...	69
Required treatment	...	...	...	23

SECONDARY SCHOOLS.

Secondary Schools in this area come under the North Riding Authority, and the work in connection with these schools is included in the report of that Authority.

PARENTS' PAYMENTS.

No fixed charge is made for medical or dental treatment at the Clinic, but the mothers voluntarily contribute what they can. The amounts received for 1934 were as follows:—

	£	s.	d.
Sums received for General Clinic	2	12	5
Sums received for Dental Clinic	20	1	10
Total ...	£22	14	3

HEALTH EDUCATION.

The journal "Better Health" is distributed free of cost to the school children and to the mothers attending the Infant Welfare Clinics.

Lectures have been given to the parents at several schools on immunisation against diphtheria. The response to this has been very good. The numbers are given elsewhere in the Report.

SPECIAL INQUIRIES.

CONDITION OF VACCINATION OF CHILDREN IN THE SCHOOLS.—A record is kept at medical inspections of children bearing marks of successful vaccination. The percentages are shown in the following table. The figures for 1933 are given for comparison.

Groups Inspected.	Sexes.	Percentage bearing marks of successful vaccination, 1933.	Percentage bearing marks of successful vaccination, 1934.
Entrants	Boys	21·88	16·35
	Girls	23·91	21·48
Intermediates	Boys	21·15	23·96
	Girls	29·77	26·29
Leavers	Boys	59·63	36·25
	Girls	40·11	39·44
Special Entrants (new-comers to the town) ...	Boys	38·59	30·43
	Girls	43·18	52·45

MISCELLANEOUS.

EMPLOYMENT OF CHILDREN.—Under the Byelaws for the employment of children, all children under the age of 14 must be medically examined as to their fitness for work. These children are sent on for medical examination by an Employment Officer, who also makes enquiries regarding the kind of work done. Certain employments unsuitable for children, such as work in barbers' shops, public slaughterhouses, etc., are prohibited.

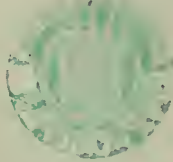
During the year 127 boys were examined and were passed as fit; six of these were subsequently re-examined. Sixty girls were also examined for work and were passed as fit; one of these was subsequently re-examined.

There is no arrangement for the re-examination of all these children, but in doubtful cases certificates are given for a limited period, and at the end of that time a further examination is made and a fresh certificate given. Where a second examination has been necessary, it has not been found that the health of the children had suffered from such employment. In no case was a second certificate refused.

Appended to this Report are the Tables required by the Board of Education to show in tabular form the work of the School Medical Service.

ANNE M. ROXBURGH,

*Assistant School Medical Officer and
Assistant Medical Officer of Health.*



MEDICAL INSPECTION RETURNS.

A.—ROUTINE MEDICAL INSPECTIONS.

Entrants	...	...	...	...	...	...	...	..	...	512
Second Age Group			...	...	...	...	...	...	...	602
Third Age Group	...		...	...	...	...	...	...	...	491
								Total	...	<u>1605</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections ...	...	...	...	...	...	...	310
(see note d).							
Number of Re-Inspections ...	...	...	...	...	..	...	187
(see note e).							
						Total ...	497

NOTES ON TABLE I.

(a) The return refers to a complete calendar year.

(b) This heading relates solely to the routine medical inspection of the three ordinary age groups, *i.e.*, to medical inspection carried out:—

(i) in compliance with Article 17 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19;

(ii) on the school premises (or at a place specially sanctioned by the Board);

(iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.

(c) Under this heading may be recorded *routine* inspections, if any, of children who do not fall under the three prescribed age-groups, *e.g.*, *routine* inspections of a fourth age-group or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for "Special" Inspection.

(d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, *i.e.*, not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection should be entered in Part A. of Table I. and its special inspection in Part B. The inspection to be recorded under the heading of special inspections should be only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection should be recorded as a Special Inspection and not as a Re-inspection.

(e) Under this heading should be entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case will be entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect will be entered as a re-inspection.

Care should be taken to see that nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, should not be recorded as medical inspections. If, however, at any such attendance a child is also examined by one of the Authority's Medical Officers, this should be recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance may also of course be recorded as an attendance for treatment.

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1934.

DEFECT OR DISEASE.				ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
				No. of Defects.		No. of Defects.	
				Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)				(2)	(3)	(4)	(5)
Skin	Malnutrition	...	...	111	...	24	...
	Ringworm:						
	Scalp	...	...	...	...	5	...
	Body	...	...	...	...	4	...
	Scabies	...	...	...	...	22	...
Eye	Impetigo	...	...	2	...	8	...
	Other Diseases (Non-Tuberculous)	...	...	9	...	23	3
	Blepharitis	...	...	3	...	2	...
	Conjunctivitis	...	...	3	...	3	...
	Keratitis	...	...	...	...	...	...
Ear	Corneal Opacities	...	...	1	...	...	...
	Defective Vision (excluding Squint)	...	...	56	21	13	3
	Squint	...	...	5	9	...	...
	Other Conditions	...	...	5	...	4	...
	Defective Hearing	...	...	2	...	3	...
Nose and Throat	Otitis Media	...	...	5	...	2	...
	Other Ear Diseases	...	...	4	...	5	2
	Chronic Tonsillitis only	...	...	21	88	10	12
	Adenoids only	...	...	2	7	2	4
	Chronic Tonsillitis & Adenoids	...	...	6	5	5	3
Enlarged Cervical Glands (Non-Tuberculous)	Other Conditions	...	...	9	...	9	...
	Speech	...	...	...	1	7	3
	Defective Speech	...	...	6	...	...	1
	Heart Disease:						
	Organic	...	...	...	5	...	1
Lungs	Functional	...	...	2	18	...	4
	Anæmia	...	...	12	...	2	...
	Bronchitis	...	...	9	...	3	...
	Other Non-Tuberculous Diseases	...	...	6	9	9	9
	Pulmonary:						
Tuberculosis	Definite	...	...	...	...	...	...
	Suspected	...	...	...	6	...	3
	Non-Pulmonary:						
	Glands	...	...	1	1	...	1
	Bones and Joints	...	...	...	...	...	...
Nervous System.	Skin	...	...	...	...	...	...
	Other Forms	...	...	...	...	...	...
	Epilepsy	...	...	1	3	1	...
	Chorea	...	...	...	...	2	1
	Other Conditions	...	...	2	19	1	4
Deformities	Rickets	...	...	3	...	...	...
	Spinal Curvature	...	...	...	...	...	...
	Other Forms	...	...	28	6	14	...
	Other Defects and Diseases (excluding Uncleanliness and Dental Diseases).	...	...	28	50	48	25
Total ...				342	248	231	79

TABLE II.—*continued.*

B.—Number of *individual children* (see note a) found at *Routine Medical Inspection to Require Treatment* (excluding *Uncleanliness and Dental Diseases*).

GROUP (1)	NUMBER OF CHILDREN.	
	Inspected (see note b). (2)	Found to require Treatment. (3)
PREScribed GROUPS :—		
Entrants	512	95
Second Age Group	602	131
Third Age Group	491	92
Total (Prescribed Groups)	1605	318
Other Routine Inspections	107	24
Grand Total	1712	342 (c)

NOTES ON TABLE II.

(a) No individual child should be counted more than once in Table II., B, even if it is found to be suffering from more than one defect.

(b) The figures in this column will of course be the same as those given in Table I. A.

(c) This total should not exceed the total of Column (2) of Table II. A.

TABLE III.

Return of all Exceptional Children in the Area (*see note a*).

No child should be entered under more than one heading.

			Total.
Children suffering from the following types of Multiple Defect, <i>i.e.</i> , any combination of Total Blindness (see note (b) (1)), Total Deafness (see note (d) (1)), Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease ... The actual combination of defects and the type of School, if any, attended should be indicated on a separate sheet.			*3
Blind (including partially blind) (See note b.)	(i) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind At Public Elementary Schools (<i>see note c</i>) ... At other Institutions ... At no School or Institution ...	1
	(ii) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind ... At Public Elementary Schools (<i>see note c</i>) ... At other Institutions ... At no School or Institution ...	... 5
	(i) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf At Public Elementary Schools (<i>see note c</i>) ... At other Institutions ... At no School or Institution ...	............
	(ii) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ... At Public Elementary Schools (<i>see note c</i>) ... At other Institutions ... At no School or Institution ...	............
Mentally Defective	Feeble-minded. (See note e.)	At Certified Schools for Mentally Defective Children At Public Elementary Schools (<i>see note c</i>) (Special Class) ... At other Institutions ... At no School or Institution ...	... 2 22 1
	Notified to the Local Mental Deficiency Authority during the year.	Details should be given on Form 307 M. ... ..	...
	Suffering from severe epilepsy. (See note f.)	At Certified Special Schools At Public Elementary Schools (<i>see note c</i>) ... At other Institutions ... At no School or Institution ...	... ... ... 2
Epileptics	Suffering from epilepsy which is not severe. (See note g.)	At Public Elementary Schools At no School or Institution ...	......

* Should there be no such children, please enter "NIL."

TABLE III.—*continued.*

			Total.
Physically Defective (See note i.)	Active pulmonary tuberculosis (including pleura & intra-thoracic glands)	At Certified Special Schools At Public Elementary Schools (<i>see note h</i>) ... At other Institutions ... At no School or Institution	9 1
	Quiescent or arrested pulmonary tuberculosis (including pleura and intra-thoracic glands).	At Certified Special Schools At Public Elementary Schools ... At other Institutions ... At no School or Institution	2 1
	Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. (<i>See note j.</i>)	At Certified Special Schools At Public Elementary Schools ... At other Institutions ... At no School or Institution	.. 39
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Special Schools At Public Elementary Schools (<i>see note k</i>) ... (Special Class) ... At other Institutions (<i>see note k</i>) ... At no School or Institution (<i>see note k</i>) ...	7 22 1
	Children with heart disease. <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Special Schools At Public Elementary Schools (<i>see note c</i>) ... At other Institutions ... At no School or Institution	... ... ... 1

NOTES ON TABLE III.

(a) This Table should include all children in the area for whom the Local Education Authority are responsible and who (except in the case of children suffering from epilepsy which is not severe and certain classes of tuberculous and crippled children) have been ascertained to be blind, deaf, defective, or epileptic within the meaning of Part V. of the Education Act, 1921. It is the statutory duty of every Local Education Authority formally to ascertain all defective children in their area irrespective of the actual provision now made for their instruction in Special Schools. It is assumed that every Authority will have a complete list of such children compiled from returns made continuously during the year and kept constantly up to date. In order to secure uniformity, Authorities are requested to make up this Table from their list of defective children *as it stands on the last day of each calendar year*.

Children who are living in residential schools in the area, but who come from other areas, should not be included in this Table; but children should be included who are living in residential schools outside the area and who are being maintained there by the Authority.

For the purpose of this Table, no child should be included whose defect has not been ascertained by the School Medical Officer or a medical member of the Authority's staff. In areas other than Counties or County Boroughs children ascertained by the Tuberculosis Officer of the County should be included.

The definitions of defective children as given in the Act are as follows and must be very carefully borne in mind.

A blind child is a child who is too blind to be able to read the ordinary school books used by children.

A deaf child is a child who is too deaf to be taught in a class of hearing children in an elementary school.

Mentally and Physically Defective children are children who, not being imbecile and not being merely dull and backward, are defective, that is to say, children who by reason of mental or physical defect are incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in such special classes or schools as under Part V. of the Act may be provided for defective children.

Epileptic children are children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary public elementary schools.

(b) For the purpose of this return the Board require that children who are blind within the meaning of the Act should be divided into two categories, *i.e.*, (1) those who are totally blind or so blind that they can only be appropriately taught in a school or class for totally blind children, and (2) those who though they cannot read ordinary school books, or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school or class for the partially blind.

It should be understood that children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision, should not be included in this Table.

(c) It should be understood that none of the children in this category should in fact be attending public elementary schools. When the heading is retained, it is merely because at present the insufficiency of Special School accommodation makes it impossible to do better for some of these children than to allow them to attend the ordinary school, or because there is some other reason which accounts for the temporary attendance of the children at the ordinary school.

(d) Children who are deaf within the meaning of the Act should be classified for the purpose of this Table as (1) totally deaf or so deaf that they can only be appropriately taught in a school or class for the totally deaf, and (2) partially deaf, *i.e.*, those who can appropriately be taught in a school or class for the partially deaf.

(e) Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

This category includes only those children for whose education and maintenance the Local Education Authority are responsible, and should exclude all children who have been notified to the Local Authority under the Mental Deficiency Act. Details of such children should be given on Form 307M.

(f) In this part of the Table only those children should be included who are epileptic within the meaning of the Act.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary public elementary schools.

(g) In this part of the Table should be entered the remainder of the epileptic children in the area, *i.e.*, children whose disease is of such a kind as not to unfit them for attendance at an ordinary public elementary school.

(h) Children with "open" tuberculosis should of course be promptly excluded from public elementary schools.

(i) The exact classification of physically defective children is admittedly a matter of difficulty. Valuable information, however, will be obtained if School Medical Officers will record these defective children as accurately as possible under the selected sub-headings.

(j) This Section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

(k) The total under this heading should be followed by a figure in brackets indicating the number of these children who should be receiving Special School education.

TABLE IV.

Return of Defects treated during the Year ended
31st December, 1934. (See note a.)

TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Group VI.).

Disease or Defect (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme (see note b). (2)	Otherwise (3)	Total (4)
<i>Skin—</i>			
Ringworm-Scalp—			
(i) X-Ray Treatment. If none, indicate by dash	4	1	5
(ii) Other " ... ..	...	...	...
Ringworm-Body	4	...	4
Scabies	22	...	22
Impetigo	237	...	237
Other skin disease	75	...	75
<i>Minor Eye Defects</i>	72	...	72
(External and other, but excluding cases falling in Group II.).			
<i>Minor Ear Defects</i> (See note c.) ...	78	...	78
<i>Miscellaneous</i>	605	...	605
(e.g., minor injuries, bruises, sores, chilblains, etc.)			
Total	1097	1	1098

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	No. of Defects dealt with.			
	Under the Authority's Scheme (see note b). (2)	By private practitioner or at hospital, apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the School Medical Officer's Report).	156	...	12	168
Other Defect or Disease of the Eyes (excluding those recorded in Group I.).	...	...	21	21
Total	156	...	33	189

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme, 108.

(b) Otherwise, 12.

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme, 104.

(b) Otherwise, 12.

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

NUMBER OF DEFECTS.													
Received Operative Treatment.										Received other forms of Treatment	Total number treated.		
Under the Authority's Scheme, in Clinic or Hospital (see note b).				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(i-i)	(iv)	(i)	(ii)	(iii)	(iv)		
12	2	7	1	.	.	62	...	12	2	69	1		
										56	140		

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS (see note d).

	Under the Authority's Scheme (see note b) (1)			Otherwise. (2)			Total number treated (see note c)
	Residential treatment with Education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic. (iii)	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic. (iii)	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated.	8	..	65	...	...	...	73

GROUP V.—DENTAL DEFECTS.

(1) Number of children who were :—

(i) Inspected by the Dentist :

Aged :

Routine Age Groups	5—286	Total 3690
	6—349	
	7—356	
	8—386	
	9—408	
	10—364	
	11—456	
	12—388	
	13—410	
	14—287	

Specials (see note f) 81

Grand Total 3771

(ii) Found to require treatment 1798.

(iii) Actually treated 1441

(2) Half-days devoted to :—

Inspection	43	} Total 231
Treatment	188	

(3) Attendances made by children for treatment 2812

(4) Fillings (see note g) :—

Permanent teeth	682	} Total 855
Temporary teeth	173	

(5) Extractions :—

Permanent teeth	902	} Total 3367
Temporary teeth	2465	

(6) Administration of general anaesthetics for extractions 1250

(7) Other operations :—

Permanent teeth	185	} Total 371
Temporary teeth	186	

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS. (See note h).

(i) Average number of visits per school made during the year by School Nurses, 6.33.

(ii) Total number of examinations of children in the Schools by School Nurses, 10.983.

(iii) Number of individual children found unclean (see note i), 714.

(iv) Number of children cleansed under arrangements made by the Local Education Authority, 26.

(v) Number of cases in which legal proceedings were taken :—

(a) Under the Education Act, 1921	} Nil
(b) Under School Attendance Bye-laws	

NOTES ON TABLE IV.

(a) The Table should deal with all defects treated during the year, however they were brought to the Authority's notice, *i.e.*, whether by routine inspection, special inspection, or otherwise, during the year in question or previously.

(b) This heading should include all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Section 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to Hospitals, or by the use of hospital tickets supplied by private persons, etc., should be entered under other headings.

(c) If any treatment is given for more serious diseases of the ear (*e.g.*, operative treatment in hospital) it should not be recorded here, but in the body of the School Medical Officer's Annual Report.

(d) Postural defects which received non-residential treatment otherwise than at an *orthopaedic* clinic should not be recorded in this Table.

(e) A child may be recorded in more than one category and therefore the total number of children treated will not necessarily be the same as the sum of the figures in the separate categories.

(f) The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency. The number inspected in each age group should be separately shown, as well as the total, but under "Specials" only the total number should be given.

(g) Temporary fillings, whether in permanent or temporary teeth, should be recorded as other operations.

(h) A statement as to the arrangements made by the Local Education Authority for cleansing verminous children and a record of the cases in which legal proceedings were taken, should be included in the body of the School Medical Officer's Report.

(i) (i) All cases of uncleanness, however slight, should be recorded.

(ii) The Return should relate to individual children and not to instances of uncleanness.

N.B.—Groups I.—VI. above cover all the defects for which treatment is normally provided as part of the School Medical Service. Particulars as to the measures adopted by the Authority for providing treatment for other types of defect or for securing improvement in types of defect which do not fall to be treated under the Authority's own scheme and for which the Authority neither incur expenditure nor accept any responsibility, together with a statement of the effect of the measures taken, should be included in the body of the School Medical Officer's Report. It is convenient for such particulars to follow the headings of Table II.

